

Attorney/Debtor Name, Address, Phone, Fax, E-mail:	For court use only  <b>NOT TO BE FILED</b>
<b>UNITED STATES BANKRUPTCY COURT DISTRICT OF HAWAII</b>	Case No.
In re:          Debtor(s).	Chapter

### STATEMENT OF SOCIAL SECURITY NUMBER(S)

1. Name of **Debtor** (enter Last, First, Middle): \_\_\_\_\_

*(Check the appropriate box and, if applicable, provide the required information.)*

**Debtor has a Social Security Number and it is:**                      —      —

*(If more than one, state all.)*

Debtor does not have a Social Security Number.

2. Name of **Joint Debtor** (enter Last, First, Middle): \_\_\_\_\_

*(Check the appropriate box and, if applicable, provide the required information.)*

**Joint Debtor has a Social Security Number and it is:**                      —      —

*(If more than one, state all.)*

Joint Debtor does not have a Social Security Number.

I declare under penalty of perjury that the foregoing is true and correct.

X \_\_\_\_\_  
Signature of Debtor                      Date

X \_\_\_\_\_  
Signature of Joint Debtor                      Date

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*\* Joint debtors must provide information for both spouses.*

*Penalty for making a false statement: Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571.*